




**Do You Have The
M.U.G.® PLAN?**

If you become sick or hurt and Totally Disabled*, there's a way to help pay your basic monthly expenses.

The M.U.G.® plan from Illinois Mutual has you covered. With our individual disability income insurance policy, Personal Paycheck Power®, you have an affordable protection solution that provides a benefit to help pay your M.U.G.® expenses.

 **M**ortgage \$ _____

+

 **U**tilities \$ _____

+

 **G**roceries \$ _____

=

\$ _____ Total

**Go to www.TheMUGPlan.com
to learn more today!**



Disability Income Insurance (DI) Quote Request Form

Agent Name: _____

Agent Phone: (_____) _____

Agent Email: _____

Client's Name: _____ Date of Birth: _____

Male Female State in which application will be signed: _____ Tobacco User? Yes No

Height _____ Weight _____ Occupation: _____

Is this a part time occupation? Yes No How many hours per week does the client work? _____

Description of Occupational Duties (include % of time doing each duty): _____

Is the client a business owner/self employed? Yes No If yes, how long? _____ How many employees? _____

Monthly Income: \$ _____

*Please note: Use net income if business owner and gross income if W-2 employee and NO ownership

Does the client currently have any in force DI coverage (Individual or Group)? Yes No

If yes, details of coverage: _____

Does the client have any medical history such as arthritis, fibromyalgia, cancer, back/spine problems (including chiropractic treatments), limb/extremity or joint problems, heart or circulatory trouble, depression/anxiety, breathing or lung problems, diabetes, pregnancy/complications of pregnancy (including C-section) or had any major surgeries?

Please list any medications this client is currently taking, along with the reasons why:
(ex: Prozac or Lexapro, depression) (ex: Levothyroxine, thyroid deficiency) (ex: Lipitor®, high cholesterol)

NEEDS ANALYSIS (Additional notes and special requests can be submitted in an email or cover sheet)

Please Quote Personal Paycheck Power®

When determining how much individual DI coverage your client will need, consider all expenses he/she incurs on a monthly basis, including: mortgage/rent, utilities, groceries, car payments, auto insurance, home insurance, health insurance, life insurance, childcare/education needs, credit cards/other debt, spending money and other obligations.

TOTAL PERSONAL PAYCHECK POWER® NEEDS

\$ _____

Benefit Period:

6 Months 1 Year 2 Year

5 Year 10 Year Age 67

Elimination Period:

30 Day 60 Day 90 Day 180 Day

Optional Riders: _____

Please Quote Business Expense Power®

Indicate the share of the total eligible monthly fixed business expenses your client needs to protect, including: lease or rent payments, utilities, office maintenance and repairs, billing and collection fees, depreciation, mortgage and loan interest, property and payroll taxes, property and liability insurance, employee salaries (except those of the insured, someone who replaces the insured, and any family member working less than 3 months), postage, professional service fees, dues and subscriptions.

TOTAL BUSINESS EXPENSE POWER® NEEDS

\$ _____

Benefit Period: 12 Months 18 Months 24 Months

Elimination Period:

30 Day 60 Day 90 Day

Optional Riders: _____

Note: This information is for quoting our products. Your personal information is not released without your authorization unless permitted by law. We do not sell or rent your personal information.

Policy Form DI105, Disability Income Policy; Policy Form BE105, Business Expense Policy

Not available in AK, CA, DC, HI or NY. Coverage and availability may vary in other states.

For costs and details of coverage, limitations, exclusions and terms, contact Illinois Mutual.

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